



APPLICATION FOR INDIVIDUAL MEMBERSHIP

Ordinary Associate

PERSONAL PARTICULARS

Name _____

Name of Firm/
Organisation _____

Address _____

Telephone No. _____ Facsimile No. _____

E-Mail Address _____

Position in Firm or Organisation _____ Nationality _____

QUALIFICATIONS

Academic _____

Professional _____

* Registration No. and Date _____

PREVIOUS EXPERIENCE

Name of Firm	From	To	Area of Practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare that all the information provided above are true and correct.

Signature _____ Date _____

* Registration No. and Date as stated in the Practising Certificate issued by The Intellectual Property Office of Singapore under Rule 6 of the Patent (Patent Agents) Rules 2001